



STATE OF MARYLAND

# DHMH

**Maryland Department of Health and Mental Hygiene**  
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**May 23, 2007**

**Public Health & Emergency Preparedness Bulletin: # 2007:20**  
**Reporting for the week ending 05/19/07 (MMWR Week #20)**

**Current Threat Levels:**

**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

**REVIEW OF DISEASE SURVEILLANCE FINDINGS**

**COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic*</u></b>	<b><u>Meningococcal*</u></b>	<b>*(non-suspect cases)</b>
New cases:	* Data not yet released from Division of Communicable Disease Surveillance		
Prior week:	* Data not yet released from Division of Communicable Disease Surveillance		
Week#20, 2006:	1	-	

**4 outbreaks were reported to DHMH during MMWR Week 20 (May 13-May 19, 2007):**

**1 Gastroenteritis outbreak**

1 outbreak of GASTROENTERITIS associated with a Nursing Home

**2 Foodborne Gastroenteritis outbreaks**

1 outbreak of FOODBORNE GASTROENTERITIS associated with a School

1 outbreak of FOODBORNE GASTROENTERITIS associated with a Community College

**1 Respiratory illness outbreak**

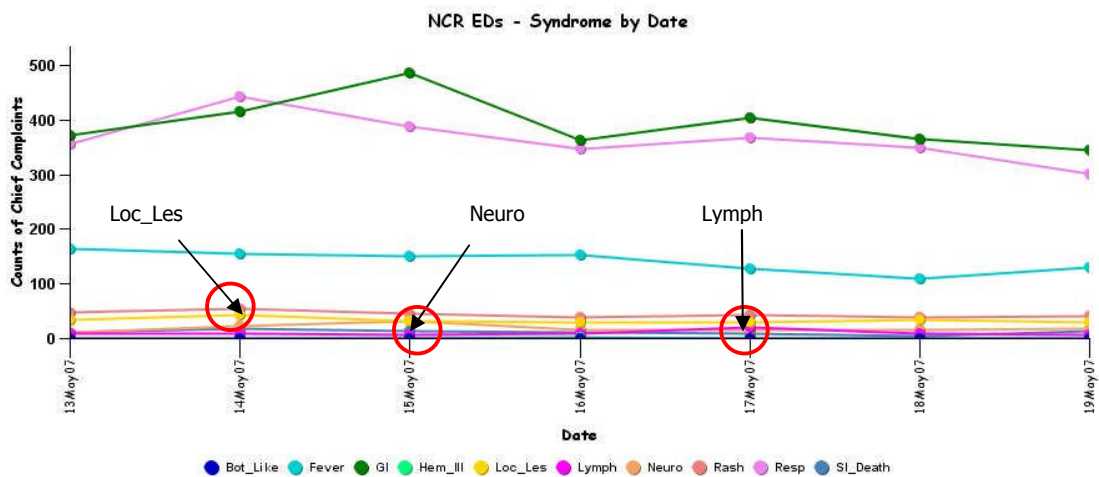
1 outbreak of Pharyngitis associated with a School

## SYNDROMIC SURVEILLANCE REPORTS:

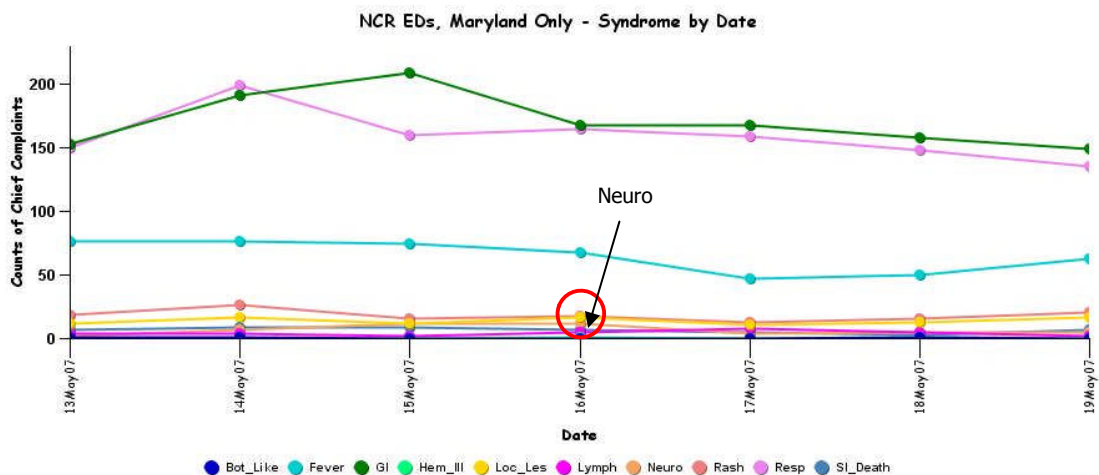
### ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only.

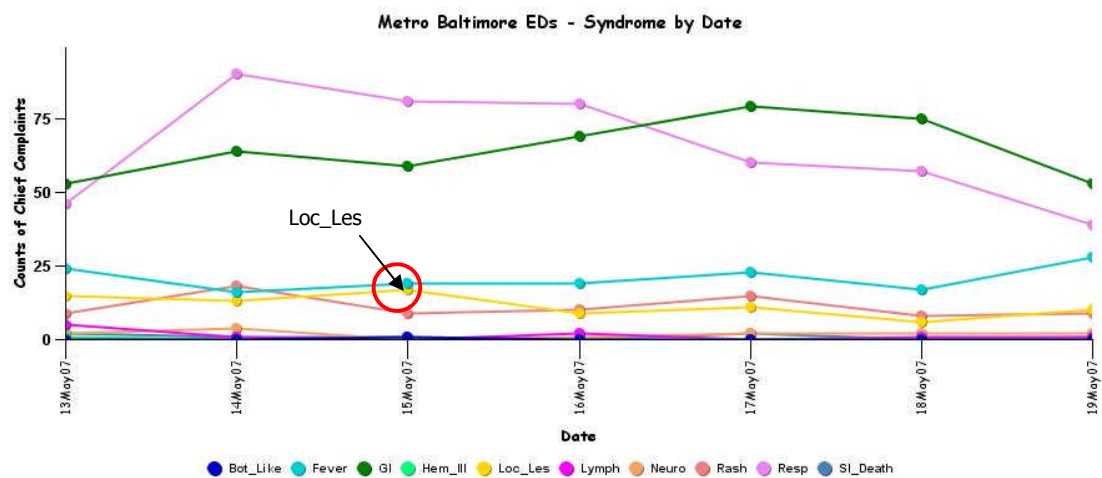
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness. \* Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

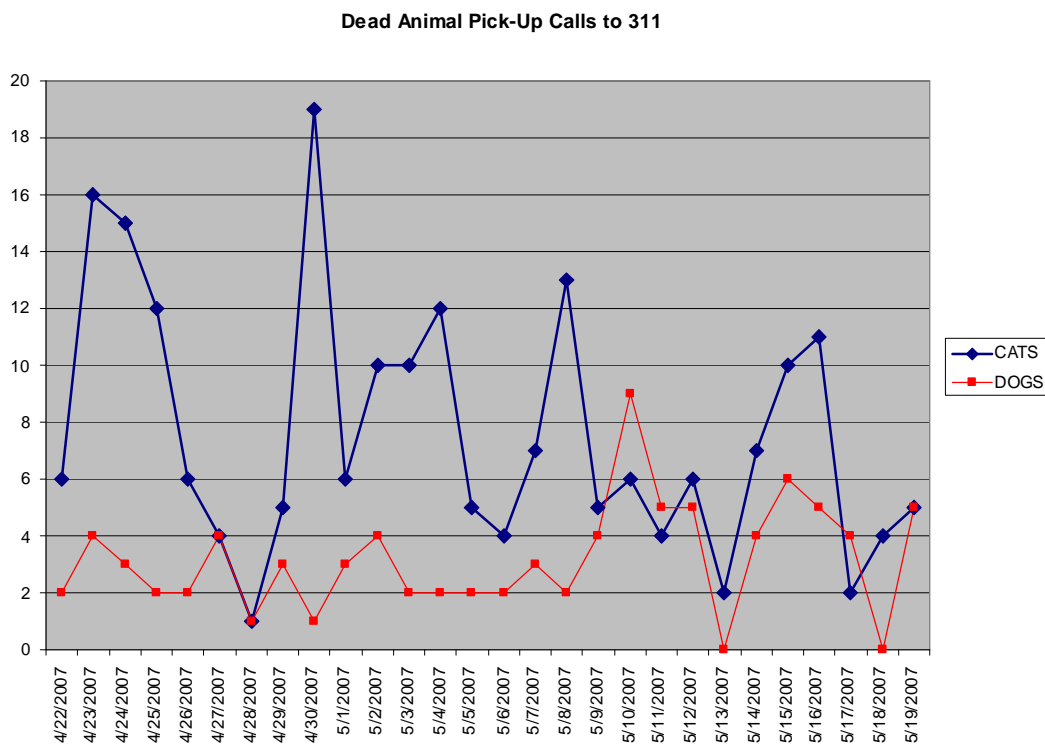


\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**Baltimore City Syndromic Surveillance Project:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

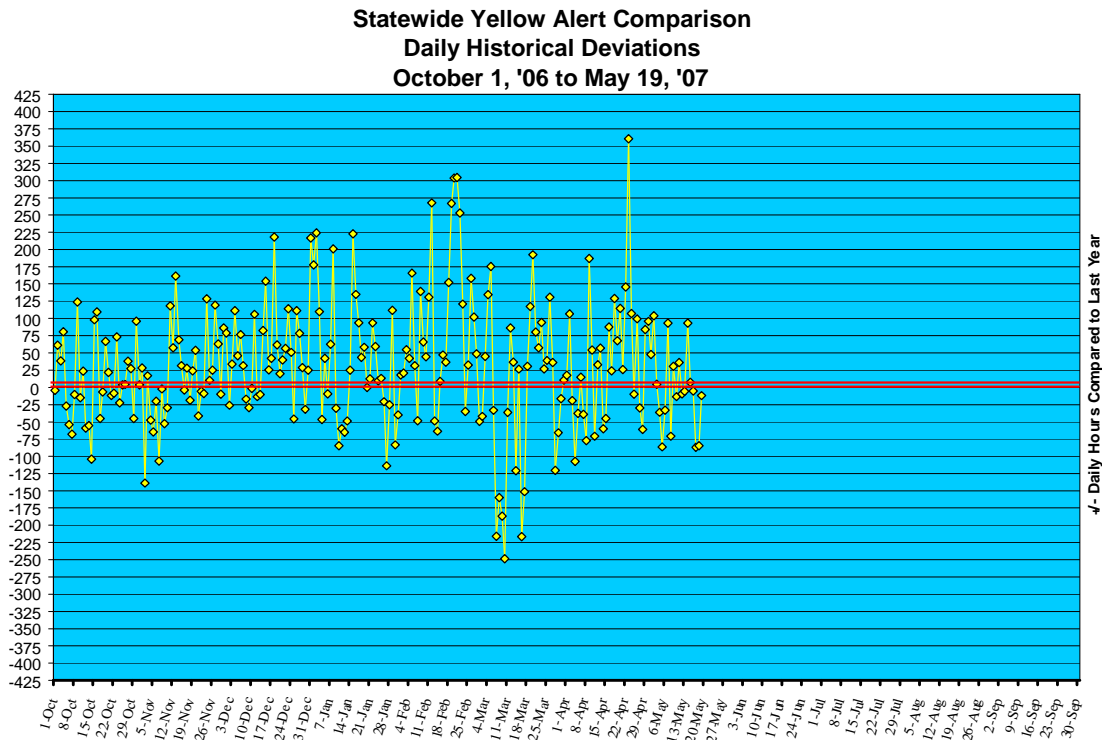


#### **REVIEW OF MORTALITY REPORTS:**

**OCME:** OCME reports no suspicious deaths related to BT for the week

#### **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.



#### **NATIONAL DISEASE REPORTS:**

**E. COLI O157, GROUND BEEF (Multi State):** 14 May 2007, A Minnesota beef company is voluntarily recalling approximately 117 500 pounds of beef trim products used to make ground beef, due to possible contamination with *Escherichia coli* O157:H7, the U.S. Department of Agriculture's (USDA) Food Safety and Inspection Service announced. The recall includes Arizona. The recall comes after an *E. coli* outbreak that has sickened 7 residents in Minnesota, who purchased and ate ground beef from local stores there. While those stores have already removed any potentially contaminated beef from their shelves, this move greatly expands the scope of the recall. The trim was produced on Mar 27, 2007 and shipped to distributors and retail outlets in Arizona, Illinois, Iowa, Michigan, Minnesota, Ohio, Virginia and Wisconsin. The USDA didn't provide further identification of where precisely the questionable beef might have gone, and warned, "Because these products later became ground beef sold under many different retail brand names, consumers should check with their local retailer to determine whether they may have purchased any of the products subject to recall." *E. coli* O157:H7 is a potentially deadly strain of bacterium. Symptoms of *E. coli* include stomach cramps that may be severe and diarrhea that may turn bloody within one to 3 days. *E. coli* can sometimes lead to complications including kidney failure. The USDA urges all consumers to thoroughly cook their beef, because high temperatures kill the bacteria. (Food safety threats are listed in Category B on the CDC list of Critical Biological Agents)\* Non-suspect case

**HANTAVIRUS (Colorado):** 15 May 2007, A 28-year-old Alamosa County woman has died from hantavirus, the 1st case of the disease in the state this year, health officials said. The source of the infection had not been determined by May 8, said John Pape, an epidemiologist with the state Department of Public Health and Environment. The woman, whose name and hometown were not released, died May 4. Pape said a preliminary investigation indicated she contracted the virus in her home, which he said is not unusual. Hantavirus is commonly spread through exposure to infected deer mice. Humans can be infected by inhaling the virus during direct contact with the mice or if dust or feces from mice nests is disturbed. Colorado typically has 4 to 6 hantavirus cases a year. Last year, the state had 6 cases, including one death; in 2005, there were 11 cases including one death, Pape said. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)\* Non-suspect case

**PLAGUE, SQUIRREL (California):** 18 May 2007, The Kern County Department of Public Health learned on May 10 that a domestic cat from Hart Flat, California, had tested positive for *Yersinia pestis*, a bacterium that causes plague. The case is under investigation by the Department of Public Health as well as the Vector Control Section of the California Department of Health Services. So far, there is no evidence of human infection, but those that may have been exposed to the infected cat and that cat itself have been given antibiotics. The Department of Public Health says cats are believed to be the domestic species most susceptible to plague. (Plague is listed in Category A on the CDC list of Critical Biological Agents)\* Non-suspect case

**PLAGUE, FLEA (Colorado):** 18 May 2007, Boulder officials announced May 14 that fleas collected on May 8 near 63rd Street and the Diagonal Highway have tested positive for plague. Employees posted signs at the area, near the base of the Boulder Reservoir dam, and next to the city of Boulder Water Treatment Plant, and the city plans to dust some prairie dog burrows with a pesticide to reduce the chance of plague exposure from fleas. The announcement came one week after Boulder Parks officials closed Tom Watson Park near IBM because they were concerned that a prairie dog colony there was infected with plague. The park reopened the next day. "While the current location of affected prairie dog colonies does not warrant the closure of city property at this time, we urge all visitors to Coot Lake, Tom Watson Park, and the Boulder Reservoir dam to keep pets on leashes and out of prairie dog areas," said Jan Geden, city director of Parks and Recreation. "Our city staff will continue monitoring adjacent prairie dog colonies and take necessary steps to inform and protect the public should the disease spread to other areas." Public health officials urge residents to protect pets with flea powder and keep them away from areas where wild rodents live. Residents also should prevent rodent infestations around houses and treat rodent sites with flea powder. (Plague is listed in Category A on the CDC list of Critical Biological Agents)\* Non-suspect case

**PLAGUE, SQUIRREL (Colorado):** 18 May 2007, Another animal has tested positive for plague in the Denver metro area. A squirrel in Aurora is now the 18th animal to have a confirmed diagnosis of the disease. Most of the squirrels have been found around City Park, where parents and pet owners have plenty of questions. Health officials say fleas that jump from animal to animal spread the disease. Humans can become ill if infected fleas get on them, as is the case of 4 people in Colorado who contracted plague last year. One person died from the disease in 2004. Vets say cats are very susceptible to plague. Dogs are usually immune, but can carry infected fleas inside the house. The best advice is to not touch dead animals, and to keep a close eye out for fleas on pets. Early signs among pets include swollen lymph nodes and breathing problems. (Plague is listed in Category A on the CDC list of Critical Biological Agents)\* Non-suspect case

#### **INTERNATIONAL DISEASE REPORTS:**

**HANTAVIRUS PULMONARY SYNDROME (Germany):** 16 May 2007, Patch High School in Stuttgart, southern Germany, was closed on May 11 so cleaners could disinfect the building because of a virus threat. One of the school's teachers was recently hospitalized with hantavirus pulmonary syndrome, a potentially fatal illness. Hantavirus is carried by rodents, such as mice and rats, and is transmitted into the atmosphere through rodents' urine, saliva, and droppings. According to a letter to parents from the school's principal, Susan Page, during the spring break, the teacher had discovered rodent droppings in a wood storage area off-limits to students adjacent to the school. Rodent droppings were also found under the sink in one classroom, which was then closed. Patch Elementary School, located next door, was scheduled to be disinfected over the weekend (May 12-13). Page said that it wasn't established that the teacher had contracted hantavirus infection at the school. "We just have to take as many preventive measures as we can," Page said. She added that the school backs to a wooded area and there have been problems with rodents before. In the past, extermination and cleaning had been done room by room. This is the 1st time the entire school has been closed for disinfection. The most common rodent found at the school is the dormouse, which is not a carrier of the virus, Page said. She also said the mild winter had increased the risk of hantavirus infection. In addition to disinfecting, the schools are scheduled for a follow-up cleaning, as well as blocking holes where rodents can enter the school. "We're trying to be proactive," Page said. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)\* Non-suspect case

**BRUCELLOSIS, OVINE (Russia):** 17 May 2007, An outbreak of a dangerous disease has been observed among animals in the Kaluga region. The regional Rospotrebnadzor (Federal Service for Surveillance of Consumer Rights and Human Welfare) reported that a focus of brucellosis among sheep has been registered in the Tarusskiy district. The diagnosis has been established in 150 animals out of 300. Infected animals have been culled. 6 persons are undergoing medical examination. Distribution of milk from the affected farm has been banned by veterinarians. (Brucellosis is listed in Category B on the CDC list of Critical Biological Agents)\* Non-suspect case

**ANTHRAX, HUMAN (Russia):** 18 May 2007, An outbreak of anthrax has been reported in the Kursk region of Stavropol oblast. The administration of Rospotrebnadzor (Territorial Directorate of the Federal Services for Consumer Protection and Human Welfare) for Stavropol informed IA Regnum that a resident of the village of Avalovo died on May 12. The case was reported on May 10, after the owner of a sick bull calf slaughtered it in his yard. The Ministry of Urgent Situations of Russia in the Southern Federal District informed the "Interfax" agency that the 48 year old man slaughtered and butchered the bull calf in his yard and sold the meat in the market. There are reasons to believe that the bull had anthrax. Those who could have bought and consumed the infected meat are being traced. It has been clarified that the meat had been sold in the territory of Kabardino-Balkaria but the buyers have not been identified yet. Specialists from the

anti-plague station took specimens from the yard and from the carcass, and the results will be available by Wednesday. Currently, anti-epidemic, organizational, and anti epizootic measures are being taken in the village, Rospotrebnadzor reports. The main prophylactic measures are the immunization of animals and compliance with veterinarian-sanitary rules for preparation, storage, transportation, and processing of materials of animal origin. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents)\* Non-suspect case

**CHIKUNGUNYA (Gabon):** 19 May 2007, A chikungunya outbreak has just been identified in Libreville, the capital of Gabon in Central Africa. The Gabonese authorities have officially declared this outbreak based upon laboratory confirmation of 51 of 96 suspected clinical cases by the Centre International de Recherches Medicales de Franceville (CIRMF), Gabon, and the Faculte de Medecine de Marseille, France. The laboratory confirmation was based upon real-time PCR, sequence analysis, and virus isolation. A national outbreak response network has been established by the Gabonese authorities and WHO Afro. This is the first laboratory confirmed outbreak of chikungunya in Gabon. Chikungunya fever is an arthropod-transmitted viral disease. Arthralgia is the most typical sign. The acute phase of the disease lasts for 2 to 4 days with recovery in 5 to 7 days. The other typical signs/symptoms of the disease include: fever, nausea, vomiting, headache, etc. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)\* Non-suspect case

#### **AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The WHO-confirmed global total of human cases of H5N1 avian influenza virus infection as of 16 May 2007 stands at 306, of which 185 have been fatal.

**AVIAN INFLUENZA, HUMAN (Indonesia):** 14 May 2007, A pregnant Indonesian woman from Sumatra island has died of bird flu, increasing the country's human death toll from the disease to 76 (according to the Indonesian Ministry of Health), health officials said. Two tests had confirmed the 26-year-old woman, who died on May 12 in Medan, had the H5N1 bird flu virus, Runizar Ruesin, head of the health ministry's bird flu centre, said by telephone. The woman had been suffering from fever and respiratory problems when she was hospitalized on May 8, and on May 10, she was transferred to the Adam Malik Hospital with suspected avian influenza. The Adam Malik Hospital is the major avian influenza referral hospital for northern Sumatra and is one of the 44 designated avian influenza referral hospitals in the country. Surya Dharma of the North Sumatra health agency said on May 13 that the woman, who was 4 months pregnant, had been in contact with dead fowl. Three out of the 5 chickens her family had and 2 pigeons died suddenly 2 weeks ago, said the official. The family burned the dead birds but ate the remaining chickens. "The family slaughtered the rest of the chickens, cooked and ate them," Dharma said by telephone, adding that a team had been sent to investigate whether anyone else in the family could have been infected. The head of the Avian Influenza management team at the Adam Malik Hospital, Prof. Luhur Soeroso, was worried that new cases would present. This case appears to be very similar to those which occurred in May last year in Karo, North Sumatra, where 7 out of 8 family members died from avian influenza after eating chicken meat that was likely contaminated with avian influenza virus.

**AVIAN INFLUENZA (Indonesia):** 16 May 2007, As of May 16, WHO can now confirm 15 additional cases, including 13 deaths, of human infection with H5N1 avian influenza that occurred in Indonesia from the end of January 2007 up to the present and has updated its table of confirmed human cases accordingly. Testing for H5N1 influenza virus infections is not done routinely by many laboratories, and among the laboratories that do test for H5N1, experience and levels of diagnostic capacities can vary. WHO had previously required external confirmation of laboratory results from Indonesia, but following a formal on-site assessment of the capacity of the national laboratory in Jakarta to diagnose H5 avian influenza viruses, WHO will now accept the results from the national laboratory, in collaboration with the Eijkman Institute, without further external confirmation. The assessment was carried out by a WHO team of virologists and laboratory scientists from the WHO Collaborating Centre in Tokyo, Japan, the national influenza centres of India and Thailand, the WHO Regional Office for South-East Asia and the WHO Country Office of Indonesia. This removes the discrepancy between the number of human cases of avian H5N1 influenza recognized by the Indonesian Ministry of Health and the number confirmed by the World Health Organization. The number of confirmed human cases of avian H5N1 influenza in Indonesia is now accepted as 96, which includes 76 deaths.

**AVIAN INFLUENZA (Indonesia):** 18 May 2007, Indonesia announced on May 15, that it has resumed sending samples of H5N1 flu virus from its human cases to WHO collaborating labs so they can track the evolution of the virus. But only 3 samples have been sent. Indonesian officials told world health experts meeting in Geneva, Switzerland, that it will not send more samples until there is progress towards a new international agreement to ensure poor countries get a share of the vaccines based on such viruses. WHO officials support Indonesia's rights to fair returns, but WHO officials fear that by the time the problem is worked out it could be too late to develop a vaccine for any pandemic H5N1 that may emerge from Indonesia.

\*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a

potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

Questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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